

*This form should be completed annually for troops meeting in a private home.*

Leader's name \_\_\_\_\_ Troop # \_\_\_\_\_

Address of troop meeting location \_\_\_\_\_

Name of homeowner if other than leader listed above \_\_\_\_\_

**Safety and Health Checklist**

Does the home have working smoke detectors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are firearms and ammunition locked up?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there more than one clear exit out of the meeting area in case of fire (may be a window)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are pets secured away from the meeting area and access to girls?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are steps and walkways clear of trip and fall hazards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are toilets and handwashing facilities available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is a first aid kit available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are chemical cleaning solutions and medications properly stored to prevent access?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is access restricted to sports equipment such as archery equipment, trampolines, darts, etc.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are barriers or warnings provided for woodstoves and heaters?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Adult Household Members' Information**

Please list names of other adults residing in the home or who may be in the home during troop meetings:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

To your knowledge has this individual EVER BEEN CONVICTED OF A CRIME? Yes  No

If yes, please explain: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

To your knowledge has this individual EVER BEEN CONVICTED OF A CRIME? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Leader's Signature

\_\_\_\_\_  
Date